

# Report to the Governance Board July 30, 2015

# **Highlights**

- Total CSoC enrollment with both existing and new regions is 1641.
- Outcomes data, including new CANS data, continues to reflect trending towards positive outcomes for youth involved in CSoC.
- There continues to be an increase in utilization of Home and Community Based Services for CSoC youth.
- The state CSoC team has been working to refine the CSoC Quality Assurance Strategy, utilizing existing quarterly reports and investigating the addition of new indicators to assess progress and outcomes of youth enrolled in CSoC.
- This quarter, the state CSoC team has continued to work with Office of Behavioral Health Executive Management Team, the Bayou Health Plans and Magellan to prepare for transition to the Bayou Health Plans in December 2015.

#### **CSoC Enrollment:**

Act 1225	1/17/	4/12/	7/12/	9/30/	12/31	3/31/	6/30/	9/30/	12/31	3/31/	6/30/
Region	2013	2013	2013	2013	/2013	2014	2014	2014	/ 2014	2015	2015
1 (Jefferson Parish/Greater New Orleans area)	122	181	204	217	240	243	260	252	294	306	310
2 (Capital area)	136	154	171	191	216	230	229	225	251	269	268
3 (Covington area)									17	86	136
4 (Thibodaux area)									26	72	118
5 (Acadiana area)									16	49	85
6 (Lake Charles area)									12	40	69
7 (Alexandria area)	96	112	109	135	162	149	170	160	179	179	180
8 (Shreveport area)	159	184	218	212	208	211	217	209	211	221	221
9 (Monroe area)	190	200	239	227	238	243	252	247	258	255	254
TOTAL	703	831	941	982	1064	1076	1128	1093	1283	1477	1641

During the last quarter (4/15 - 6/15) there were a total of 838 referrals in the existing regions. The range of referrals by region was 63 to 136. Referrals to CSoC come from a variety of sources. The number of referrals from state agencies since implementation of CSoC continues to rise (DCFS – 674, OJJ – 501, and schools – 718). However, the majority of referrals have come from other sources including caregivers, hospitals, Licensed Mental Health Professionals and other Juvenile Entities.

Per request from Board members, the table below reflects referrals by region over the last four quarters. This table will continue to be included in the CSoC Director's Report.

CSoC Referral	s by Quarter
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Act 1225	9/30/	12/31/	3/31/	6/30/	
Region	2014	2014	2015	2015	
1 (Jefferson					
Parish/Greater	118	144	120	107	
New Orleans	110	2	120	107	
area)					
2 (Capital	121	148	136	136	
area)	121	140	130	130	
3 (Covington		63	113	116	
area)		05	113	110	
4 (Thibodaux		38	75	72	
area)		30	, ,	, 2	
5 (Acadiana		38	94	89	
area)		30	34	05	
6 (Lake Charles		32	49	63	
area)		52	73	- 03	
7 (Alexandria	48	80	70	89	
area)	40	- 00	, 0	- 03	
8 (Shreveport	94	132	90	97	
area)	54	132	50	37	
9 (Monroe	65	56	44	69	
area)	03	30	44	03	
TOTAL	446	731	791	838	

In response to questions from Board members regarding the number of youth screened for CSoC eligibility and referred to a Wraparound Agency, Magellan reports that between 3/1/15 and 5/31/15, 511 members were screened using the Brief Child and Adolescent Needs and Strength (CANS) screening tool conducted by Magellan Care Managers on the clinical team. Of the 511, there were 485 members (or 94.9%) identified as at-risk and initially eligible for CSoC and referred on to the WAA, FSO and Certified Provider, with parent/caregiver consent.

Additional detail is provided in Appendix A.

The majority of children/youth enrolled in CSoC are male (1026 or 62.52%). African-American is the predominant race of these young people representing 968 (58.99%). The age group with the highest enrollment is 13-16 years old (679 or 41%). Additional demographic detail is provided in Appendix B.

# Wraparound Agency (WAA) update:

Each of the regional wraparound agencies continue to do outreach to increase enrollment through a variety of strategies, including working to establish collaborative partnerships in both the established and newest regions, actively engaging stakeholders including state agencies, providers, community organizations, youth and families. Region One has increased their enrollment to over 300 children/youth and families. They have opened additional office space in order to accommodate the hiring of new supervisory and wraparound facilitator staff to meet the needs of their region.

The state CSoC liaisons have continued to make visits to the WAAs in their assigned existing and new regions in order to provide technical assistance and trouble shoot as needed. In addition, the State and Magellan CSoC teams conduct twice monthly calls with each of the WAAs. In this quarter, the state CSoC liaisons have placed more emphasis on supporting the four newly implemented regions as they increase their enrollment. Information from these visits continues to be used to ensure targeted and specific training and technical assistance by region from the state and Magellan teams.

The Magellan CSoC team continues to work with the WAAs to ensure all documentation is submitted within the required timelines to support the eligibility of each child/youth enrolled in CSoC.

#### **Transition to Bayou Health:**

In this past quarter, the CSoC team has been very engaged in planning and preparing for the transition of the management of CSoC, as OBH transitions to the Bayou Health Plans in December 2015. Currently the CSoC team is working with our OBH executive management team and the Magellan team on a transition plan, detailing how Magellan will complete the transition of CSoC administration to the receiving entity. The CSoC team meets regularly with the Magellan transition team to ensure transition activities remain on schedule. The CSoC team is working to ensure information, tools, and processes are maintained and transferred appropriately to ensure that youth and their families, as well as providers participating in CSoC, experience the shift of management in a seamless manner with no lapses in services or support.

To the fullest extent possible, the CSoC team continues to keep the wraparound agencies informed of transition decisions and activities and, when appropriate, seeks input from wraparound executive management to inform the transition. The OBH and Magellan CSoC teams continue to use the standing WAA affinity calls as a forum for these exchanges, and have conducted several special meetings to exchange information

In June, DHH Medicaid invited the OBH CSoC Team to present on CSoC at a meeting with the five Managed Care Organizations (MCO) of Bayou Health Plans. The MCOs expressed a great deal of interest in CSoC and had many thoughts and questions. Since that time, twice monthly meetings of the OBH CSoC Team, OBH executive management team, Medicaid and the 5 MCOs has been established in order to continue to discuss and work through the complexities of administering CSoC. System partners, including but not limited to the Wraparound Agencies, Magellan, Ekhaya Youth Project, will be invited to these meetings as appropriate.

Preparing for the transition has provided OBH with the opportunity to amend the CSoC reporting package. Throughout this quarter, the CSoC team, who serve as Internal Monitoring Team subject matter experts, have been tasked with working closely with the OBH Health Plan Management team to improve the content and structure of reports that will be required for contract deliverables, waiver compliance, CSoC outcome measures and practice standards. The revised reporting package will be more meaningful and useful.

### **Family Support Organization update:**

The OBH Family Lead meets regularly with FSO leadership to address growing enrollment, service provision and staff training needs. The FSO continues to focus its energy on staffing and service provision, in addition to growing local and national partnerships that ultimately improve service provision in Louisiana.

Based upon a review of data for the previous quarter:

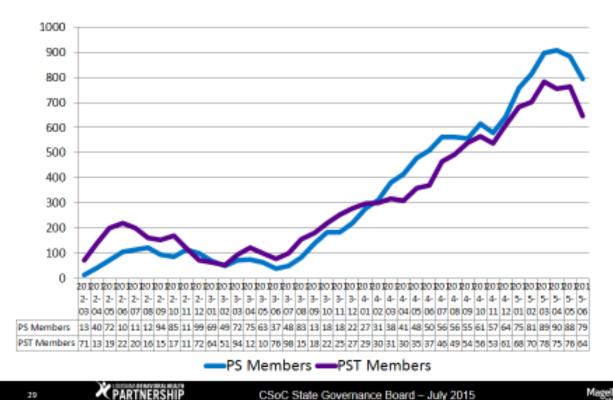
- Unduplicated youth served each month with one or both FSO services: April: 1,354; May: 1,422; June: 1,400 (an average of 86% of enrollment each month)
- Support Staff members at end of the quarter: 335 (209 Youth Support and 126 Parent Support).
- Billed units continue to increase

### FSO Training:

 Late August and September is the schedule for completing the training of Introduction to Wraparound for new FSO Staff across the State. From September to November, a Statewide Training of Functional Behavioral Approach will be conducted.

The following graph demonstrates FSO service provision since the implementation of CSoC. There was a significant decrease in services provided in the last quarter of 2012. The statewide FSO began providing services during April 2013.





**Technical Assistance and Training:** 

With the conclusion of the contract with University of Maryland for wraparound training; the CSoC Director and Family Lead have been working with the wraparound agencies trainers and coaches to finalize a Louisiana version of the Introduction to Wraparound Training. This Louisiana version of the "Introduction to Wraparound" training is based off of the National Wraparound Initiatives standards and principles and has been influenced by the skills and knowledge the WAA trainers and coaches gained during their work with the University of Maryland National Trainer. This training is being used by agencies in all regions; and will be provided to each new staff member. This training will be reviewed and "updated" on a quarterly basis, and as need.

In addition to the Introduction to Wraparound training, the CSoC Director and CSoC Family Lead will be working with the wraparound agencies to design targeted training modules that support high fidelity wraparound practice. These modules will be designed in collaboration with wraparound agency trainers and coaches, and will be provided to wraparound facilitators on a timeline consistent with the needs of each region.

# **Statewide Coordinating Council:**

The SCC continues to meet on its quarterly schedule, although active membership is in a bit of decline. They continue to work to grow membership, and are working with the FSO leadership in each region to specifically target CSoC "graduates" and current CSoC parents in hopes of building an SCC with specific experience and investment in supporting the work of CSoC across the State. The SCC continues to review data provided by the FSO regarding service provision, staffing and new partnerships; and has an opportunity to have questions answered by regional or State FSO leadership.

#### **CSoC Finance and Audit Committee:**

This committee only meets on an 'as needed' basis. There was no meeting this past quarter.

# **CSoC Quality Assurance (QA) Committee:**

Committee Chair, Michael Comeaux will report to the Board during today's meeting.

#### **Provider Network:**

The number of providers for Independent Living/Skills Building remains at 121. The number of Short Term Respite service providers remains at 10 again this quarter. There is 1 Crisis Stabilization provider in one of the new implemented regions. In addition, Magellan continues to follow up with interested providers of the specialized CSoC services and guide them through the network process.

#### Crisis Stabilization (CS)

As discussed during a previous Board meeting, an amendment has been submitted, allowing for Crisis Stabilization to be moved to state plan services, allowing for a more sustainable business model for providers interested in providing this service, as well as greater access to all children and youth who can benefit from this most important service.

### <u>Therapeutic Group Home (TGH) and Therapeutic Foster Care (TFC)</u>

TGH beds - 38 beds

- New Orleans: 1 to open in October, 2 in November and 2 in March of 2016.
- Baton Rouge: 4 homes purchased, 1 open now and expanding from 8 to 10 beds on July 30, 2015, another opening in August and then 2 opening in September.
- Alexandria: 2 homes being purchased with anticipated opening in September

TFC beds – 248, with on-going recruitment.

### Psychiatric Residential Treatment Facility (PRTF) recruitment:

PRTF beds - 158

## **Network Strategy Update:**

- Network CSoC PRL continues to outreach providers 1:1 for technical support and education.
- Additional follow up continues with all contracted providers who are interested in adding CSoC services and guiding them through the network process.
- Adhoc agreements continue for interested CANS providers to help expedite member access to services.

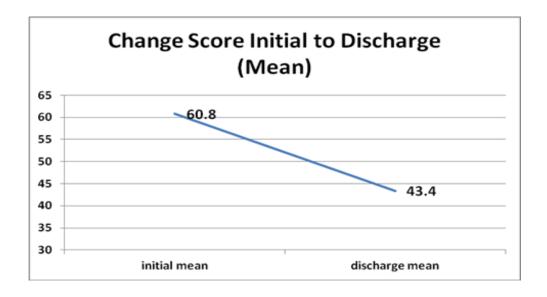
# Trends in Children/Youth Outcomes Data:

#### Out of Home Placements

- Percent of CSoC children who had restrictive placement prior to enrollment in WAA is 32.57% indicating that we continue to serve the most at risk youth for out of home placement.
- Percent of CSoC children placed in restrictive placement after enrolling in a WAA is 17.94% indicating that participation in CSoC is producing desired result of decreasing out of home placement.

### **CANS Outcomes Data**

Outcomes Findings: This is the first analysis of the global CANS scores for youth beginning at initial intake and then at discharge. The CANS LA for these youth ranged in date from 6/26/2012 to 5/6/2015. Although this was a very small sample size of 72 youth, the results are very promising. The Global Score, which is a SUM of all items scores, was used in this first run analysis. The mean scores changed by 17.4 points, from a mean of 60.8 at initial to a mean of 43.4 at discharge. This is a very significant change, indicating over all improvement in youth functioning over the course of their enrollment in CSoC. We anticipate having more a more robust sample size going forward.



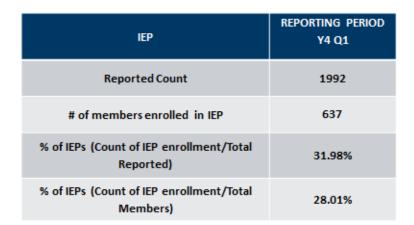
# **School Outcomes**

There has been on-going concern regarding the reliability and accuracy of the reported school measures. After discussion with DOE leadership, it was agreed that the CANS school module which evaluates school functioning, should be regularly applied when children and youth initially enrolled in CSoC, then every 180 days after enrollment and at discharge. This will offer more consistent and objective picture of a youth's school functioning over time. Below are current school measures for this quarter.

# School Performance Measures

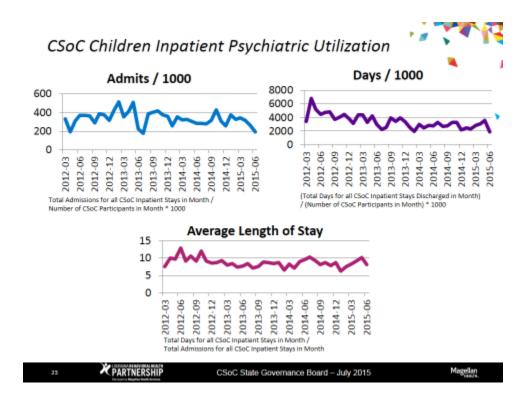
MEAN NUMBER	RI	CHANGE			
WIEAN NOWBER	<u>Y3Q2</u>	<u>Y3Q3</u>	<u>Y3Q4</u>	<u>Y4 Q1</u>	CHANGE
Suspensions	2.48	0.81	0.89	1.05	0.16
Expulsions	.04	.09	.06	.08	.02
Missed Days	8.00	7.11	5.89	8.01	2.12







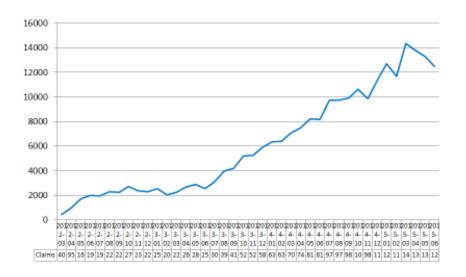
# **Inpatient Psychiatric Hospital Admissions**



# **Home and Community Based Services**

Increased use of Home and Community Based Services.





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# **Appendix A: Referral Data**

# Member Referrals





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# Member Referrals



Region	03/31/15	6/30/15	Change
Region 6 – Lake Charles area	81	144	63
Region 7 - Alexandria area	882	971	89
Region 8 – Shreveport area	1518	1615	97
Region 9 - Monroe area	986	1055	69
Total	6591	7429	838

# Referrals by Agency/Entity



Referring Source	3/31/15	6/30/15	Change
DCFS	589	674	85
OII	426	501	75
ОВН	94	98	4
DOE/School	631	718	87
Caregiver	889	1097	208
Hospitals	976	1065	89
Licensed Mental Health Professional	1186	1299	113
Other Juvenile Entities	389	412	23
Self or Legal Guardian	392	460	68
Primary Care Physician (PCP)	25	26	1
Other	994	1079	85
Total	6591	7426	838

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# Appendix B: Demographic Data





Gender	Number	Percentage	
Male	1026	62.52%	
Female	605	36.87%	
Unspecified	10	0.61%	
Total	1641	100.00%	



# Race

Race	Number	Percentage
African-American	968	58.99%
Caucasian	512	31.20%
Unspecified	115	7.01%
Other Ethnicity	30	1.83%
Pacific Islander	11	0.67%
American Indian	4	0.24%
Asian	1	0.06%
Total	1641	100.00%

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# Age Groups

Age Groups	Number
up to 4	28
5 - 8	246
9 - 12	480
13 - 16	679
17 - 21	198
Unspecified	10
Total	1641

